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Original Communications.

CASE OF CHRONIC GASTRIC ULCER.

By J. B. TREADWELL, M.D. Read before the Suffolk District Medical Society, January 29, 1870.

A. G., *et.* 52, by occupation a mason; of medium size, but rather spare habit. Health generally good. When young, and until within a few years, was in straitened circumstances and was obliged to subsist upon a very insufficient diet, consisting almost entirely of farinaceous substances; notwithstanding this, however, he has generally maintained a fair state of flesh and health.

During the last two years he has suffered almost constantly from severe pain in the epigastric region, which became much more intense during the last three months of his life. So severe was this pain that, during the period last mentioned, it was necessary to keep him constantly under the influence of morphia, which was administered by subcutaneous injection. He had about three hundred injections during this time, and the largest amount injected during any one day was between seven and eight grains.

At 4, A.M., Saturday, Dec. 11, without known cause, the pain suddenly became perfectly agonizing—so intense that opiates in any form and quantity failed to relieve it, and continued so until 10, A.M., Dec. 14, when he died, apparently of exhaustion from the pain.

*Autopsy*, 22 hours after death. Body rather thin, but in very fair condition of flesh; slight rigor mortis.

Upon opening the abdomen, dark-colored fluid was seen issuing from an irregular circular opening, about four lines in diameter, situated in the lesser curvature of the stomach near the cardiac orifice.

The stomach and other organs and tissues in the vicinity were firmly bound together by thick and extensive adhesions, apparently of long existence. The peritoneal covering of the stomach for some distance around the perforation was, however,

free from adhesions. The abdominal cavity contained about 3xxx. of thick flocculent serum. There were some slight recent deposits of lymph in the upper part of the abdominal cavity.

Upon opening the stomach it was found to contain about 3x. of dark brown fluid, similar to that seen escaping through the perforation into the abdominal cavity. In the lesser curvature directly at the cardiac orifice was found an ulcer of ovoid form, measuring 2½ inches in its long by 1½ inches in its transverse diameter. This ulcer involved all the coats of the stomach except the peritoneal, in almost its entire extent, and the latter was perforated at one point as before stated.

The edges of the ulcer were thickened in some places to the extent of four lines, abrupt, and almost perpendicular to the base, although in some parts cicatrized.

The stomach otherwise was apparently healthy.

The liver was about one-third larger than usual, of a light yellow color, and in a state of fatty degeneration.

The spleen was one-half less than the normal size, its capsule was wrinkled and corrugated, and the connective tissue of the interior of the organ had the appearance of being greatly hypertrophied; this, however, was probably due to the contracted condition of the organ.

The kidneys were rather under the normal size and their capsules abnormally adherent; the cortical substance of a pale yellow color, very soft and friable; the pyramids indistinct in outline, and in the whole organs in a condition of fatty degeneration.

The other abdominal organs were healthy.

At the extreme apex of each lung there was a thickened and opaque patch of pleura about ten lines in diameter, perfectly symmetrical, and without any change in the subjacent pulmonary substance or costal pleura.

The heart was rather small and flaccid, but apparently normal in other respects.

The only symptom in this case that was of any value in diagnosing the disease

was the pain, severe and constant, which was quite characteristic of the lesion. But on the other hand the fact that it was not aggravated by the taking of food, and the additional fact that the patient suffered from severe attacks of neuralgic pain in other parts of the body, particularly about the head and face, would naturally lead to the supposition that the epigastric pain was of the same nature, and thus its importance as a diagnostic symptom would in a measure be overlooked.

There was never any vomiting of blood, and with one exception, there was no vomiting whatever throughout the entire duration of the disease; and upon this occasion, which was about a month previous to his death, it was only very slight, and probably entirely irrespective of the lesion. The absence of this symptom, however, is explained by the special anatomical seat of the ulceration.

The absence of increased pain upon taking food into the stomach is also explained in the same way.

The absence of marked emaciation so common in this disease when the lesion is of long duration, is also due to the special site of the ulceration, which was such as to occasion but very slight interference with the performance of the physiological functions of the stomach, and also to the absence of vomiting which was due to the same circumstance.

There was, however, constipation alternating with diarrhoea—the attacks of the latter, however, always being slight—a combination of symptoms very common in cases of this kind. The constipation is generally thought to be due to lack of ingestion of a proper amount of solid food, and the diarrhoea to imperfect digestion of that which is taken; this, however, does not seem to have been the cause of these symptoms in this case, as a fair quantity of solid food was habitually taken, and the absence of marked emaciation is pretty good evidence that it was tolerably well digested and assimilated.

It has been thought that persons who for long periods have been deprived of suitable food, are specially liable to become the subjects of this lesion, and this case, so far as it goes, is confirmatory of that view.

It would be an interesting point to decide whether the degenerated structural condition of the liver and kidneys in this case, was due directly to deficient nutrition consequent upon the lesion existing in the stomach; and also whether the contracted and atrophied condition of the spleen was

due directly to the same cause, or to the lack of its proper amount of work as a blood-making organ from insufficient supply of blood-making material, the latter deficiency being due to a certain amount of interference of the ulceration with the performance of the functions of the stomach, or to both.

## VACCINATION.

BY A SEARCHER FOR LIGHT.

SPEAKING of smallpox, says the report of a committee on the subject to the American Social Science Association, in October, 1869:—

"Thus, both these nations have come into the possession of a principle which really lies at the foundation of the modern practice of vaccination, namely, that a mild form of the disease will preserve from a second attack, just as surely as a severe form. By artificial implantation the smallpox poison is introduced into the system, and, *once for all, the susceptibility of the system to smallpox is excited and exhausted.* How this takes place is not understood. *But vaccination will do the very same thing, as far as the essential is concerned; that is, it will exhaust the capacity of the system for having the smallpox.*" Page 2.

After this, what do the committee intend shall be understood by the statement on page 7? "Some persons have smallpox twice; and some have it after a thorough vaccination." And what do they mean by the following table on page 9?

Classification of patients affected with smallpox.	Number of deaths per cent. in each class respectively.
"3. Vaccinated:—	
a. Having 1 vaccine cicatrix, - - -	7.73
b. " 2 vaccine cicatrices - - -	4.70
c. " 3 " - - -	1.95
d. " 4 or more vaccine cicatrices - - -	0.55
I. Having well-marked cicatrices - - -	2.32
II. Having badly marked cicatrices - - -	6.82
"4. Having previously had smallpox - - -	19.00"

Again, on page 7, we read in Italics:—  
*"For when a person is once vaccinated, though poorly, it becomes difficult or impossible to vaccinate him properly";* and they go on to say: "Nevertheless, if the first result is unsatisfactory, let the trial be repeated as soon as convenient, and as often as may be required, until a satisfactory result is attained." With their faith in the impossibility, how long a time, and how many vaccinations would be required before "a satisfactory result is attained"?

Again the report says:—  
 "The lymph direct from the cow some-

times occasions troublesome, even dangerous, inflammation and fever. It does not produce any better vesicles than those from humanized lymph, and it is much harder to make it take." Page 7.

The writer can see no evidence of this first fact, in the statement, if it be a fact. He has known of several deaths from vaccination, and knows that they were in cases of re-vaccination. He has very good reason for believing that the lymph was humanized, and in one case of the very best quality.

The second fact he knows nothing of, but would like to see the evidence.

On pages 6 and 7, we read:—

"In vaccinating from the cow or from a child, lymph ought not to be taken from any but a perfect vesicle. *No blood must be mingled with it.* The lymph is best taken on the day-week of the vaccination, but may be drawn sooner; if later, it is of very uncertain quality."

About the blood as spoken of above—why? Is there any proof of other disease being communicated by it, or is it a matter of theory alone? As to the latter statement, about the age of the lymph, the meaning of the sentence is a little obscure. A scab of the writer's selection, in which the lymph is several months old, has never failed to produce what the report would call "perfect vesicles."

There are a few more paragraphs, which the committee have failed to explain.

"How do we know that vaccinations are becoming less efficacious? This is inferred chiefly from the great number of instances in which revaccination is successful. *But does this success prove that the individuals concerned were liable to an attack of small-pox? We think not.* We just now quoted the instances of the armies of Great Britain and Wurtemberg. Here several thousand men were revaccinated, and the operation was about as successful upon those who had had the smallpox as upon those who had only been vaccinated previously. In a very large number—about one third of each class—the revaccination was completely successful. This shows merely that a protected person—one not liable to take small-pox—can sometimes be revaccinated with success." Page 13.

By going back to page 10, we read:—

"In the Prussian army revaccination has been performed upon every recruit since 1833; the result being that the annual deaths from smallpox (which at one time

previously were 104) have not averaged more than 2.

"In the Bavarian army revaccination has been compulsory since 1843. From that date till 1857, not even a single case of unmodified smallpox occurred, nor a single death from smallpox.

"Similar good results have followed the institution of revaccination in the armies of Great Britain, Denmark, Sweden and Baden."

## Selected Papers.

### BROKEN RIBS IN THE INSANE.

THAT recent revelations as to the occurrence of extensive fractures of the ribs in the insane is a matter to be lightly passed by, no one will, we think, affirm. To the public they are of interest, as they refer to relations or acquaintances, certainly to fellow creatures, confined for the public benefit; for the vast majority of the insane are in a hopeless condition as to recovery, and are kept in confinement partly for their own sake, but more for that of the public generally, as we point out elsewhere. To our own Profession there is the scientific interest which cannot be separated even from such miserable occurrences, whilst to that portion of our brethren to whose care the insane are intrusted, it is matter of moment not only that they should have a clear conscience, but that their reputation should be unspotted before the world. To these men as a class, the writings of Mr. Charles Reade have done much injury and grave injustice, and not the least has been done by his last communication to the *Pall-Mall Gazette*. *Apropos* to that letter, Dr. Sankey has communicated to us a paper on the subject of broken ribs which has the merit of bringing matters to a definite issue, and on which, as on the subject generally, we shall make some comments.

The first point to be noted is the great extent of these fractures, and to account for this Mr. Charles Reade charitably suggests that they are produced by an attendant travelling on his hands and knees up and down the unfortunate individual's chest. Against such a solution we are bound to protest, in the first place, because the cause as pointed out by Dr. Sankey is inadequate, and, in the second, because there is not a tittle of evidence to support a charge of such exceeding gravity. Then, again, the fractures have only been discovered after

death. The why and wherefore of this are well pointed out by Dr. Sankey, and we need do no more than corroborate his statement that many of the insane are utterly careless as to their bodily sensations, and will even give no information as to what they feel or suffer.

Again, these injuries have occurred in men, soon after or before admission, and whilst they have been laboring under great excitement. Dr. Sankey would seek to account for the first of these facts by a second—that the general paralysis of the insane, with which alone he appears to connect these accidents, is far more common in men than in women; but it appears to us that there is still another consideration. Female patients are more frequently mischievous than dangerous, and are perhaps more easily controlled by physical force than are men. Now, without accepting the doctrine that the bones of the paralyzed or the insane generally are more fragile than are those of the majority of healthy individuals (that they are so in certain instances has been clearly shown), or even that advanced by Dr. Sankey—that it is the nervous element of muscular motion which is defective, we think something may be made out of the above three facts taken collectively. The unfortunate patients have been men laboring under strong excitement, ready to fight with their attendants on the slightest cause, or even no cause at all. Some control is absolutely necessary in these as in other kinds of cases, and moral control over men in such a state of mind is simply an absurdity. Accepting Dr. Sankey's view that such patients are general paralytics [there being paralysis of sensation as well as motion], at this stage of their complaint, their notions are of the most exalted kind, they fancy themselves infinitely superior to those by whom they are surrounded, and any attempt to impose the will of another upon them is resented as a deadly insult. Under such circumstances, a collision is inevitable; the *ultima ratio*, physical force, must be called in, and a struggle ensues, to be continued until the maniac is utterly overpowered or completely exhausted. As we take it, it is in such conflicts that ribs are broken, and that the accident does not depend on the inhumanity or insensibility of madhouse attendants is shown by the fact that patients are brought to the asylums with ribs already fractured. It appears to us that the position of these men is not sufficiently taken into account. That their ranks do contain black sheep, it would be useless to deny; but, as a rule, they are care-

fully selected. But they are men, and a sudden blow in the face, a kick with a heavy boot, or even to have their face spat in, would rouse most people not being attendants. And what kind of patients have they under them? Some of them, knowing that they are insane, and that the law no longer takes cognizance of them, have sworn to commit murder on the first opportunity, and when they think that opportunity has come a struggle ensues, for life on the one part, for superiority on the other. This is no overdrawn picture, as those familiar with asylums know. These are not the class of cases above alluded to as recently admitted, it is true, but they are analogous.

It is useless to talk of such men as amenable to reason; they are amenable only to brute force, active or passive, and over some of them even drugs would seem to lose control. They may be held on the floor or on their beds, so as to be incapable of striking or kicking, and even then they will bite, as many a physician and attendant know to their cost. Such men must be hindered from injuring themselves and others; the question is, how? Force of some kind must be used, active or passive. With six or eight attendants holding a man, and this number is sometimes necessary, it is impossible that he should escape bruising, even should he suffer no more serious injury. In such a case, the *argumentum ad hominem*, usually most unfair, becomes good logic, whether should we prefer to be so held by six or eight men, with their localized grips, or by a stout sheet of canvass uniformly resistant? For our own part, we should, being sane, choose the latter.

Now, it is equally absurd to call this the introduction of restraint as a system, as to call the present system that of absolute non-restraint. In exceptional cases force of some kind must be used; the only question is how best to apply it. We have as little desire to return to the condition of things so well described by Dr. Gardner Hill,\* in a recent work, as to set open the doors of our goals and lunatic asylums, and to let their inmates go free. Neither will we accept the position of advocates for a system of restraint. Force is now used, we contend, not in the best way; and this is not the opinion of men unacquainted with lunacy practice, but of some of those who have devoted much time and attention to the subject. We are in a similar position with regard to bloodletting. With a bound,

\* "Lunacy, its Past and Present." By Robert Gardner Hill, I.R.C.P., M.R.C.S.E., &c. London: Longmans. Pp. 109.



practice leaped from one pole to the other, universal depletion gave way to universal stimulation, and we are now slowly and carefully trying back, so to speak, endeavoring to find out cases where bloodletting does good. We are constantly encountering papers in our journals where the one point of interest is that venesection was had recourse to with or without benefit. It has been the same in lunacy practice; from all the horrors of the old system, the step to non-restraint was sudden and complete. If there are men now who advocate mechanical appliances instead of living force in avowedly exceptional cases, are they to be called advocates of a *system* of restraint, any more than are the physicians above alluded to, to be dubbed followers of the Sangrado school? In no instance ought restraint to be had recourse to, without the direct permission or instruction of the medical superintendent; neither in any case ought the patient under restraint to be left to himself by his attendants. It is useless to argue, as does Dr. Gardner Hill, that the application of a strait jacket implies a struggle. No doubt it does in certain cases, but it is not a struggle prolonged for hours, as under the existing system, and it is exactly for such cases that we claim the advantages of mechanical over active restraint. Restraint does exist now in the shape of padded rooms and attendants' hands; why no other forms should be used we are at a loss to see.

But there is another matter alluded to by Dr. Sankey, of at least equal importance. The medical staff of our large asylums is utterly inadequate to the harassing duties they have to perform; and further, those who have most of the work to do are underpaid. Until these matters are remedied reform is hopeless.—*London Medical Times and Gazette*.

## ON DUST AND HAZE.

By Professor TYNDALL, LL.D., F.R.S., M.R.I.

The learned professor began his lecture before the Royal Institution of Great Britain, by stating that a sunbeam on entering a dark room becomes visible by illuminating the particles of dust floating therein. A beam of powerful light, such as that of the electric lamp, will prove the existence of these floating particles in the air of this room, or, indeed, in that of any other, even of the best-ordered drawing-room in London, although they are invisible by the light of ordinary candles or gas. Some months

ago, when he was engaged in a course of experiments on the action of light upon various vapors, he found this dust exceedingly troublesome. The air was wholly loaded with it, and although in his experiments it was of great importance to have the air entirely free from it, it became a matter of considerable difficulty to get rid of it. An "experimental tube" was filled with air which had been passed through tubes containing fragments of glass wetted with concentrated sulphuric acid, and marble wetted with a strong solution of caustic potash; but although the air was thoroughly dried by this means, the particles of dirt were carried along with it, and a beam of light passed through the tube discovered them in quantities as great as in common air. But it was found that by passing the air over a flame before letting it enter the drying tubes, every particle of dust was destroyed, and the beam of light passed through the "experimental tube" was invisible, owing to the absence of any illuminated particles. What did this prove? It showed, to his own astonishment, that this floating dust consisted of particles of combustible, and therefore organic matter—that the air which constantly surrounds us, which we are continually breathing, is loaded with living organisms, which are of necessity constantly passing into our lungs—that the dirt of the air of London is organic, and not, as he had supposed, of the same nature as the sand of the desert of Sahara, inorganic, incombustible. To make this matter quite certain, Mr. Valentin, of the Royal College of Chemistry, constructed for him a gas furnace, so arranged as to heat a platinum tube and a roll of platinum gauze; the air was made to pass through this tube and gauze, so as to insure the contact of the dust with the hot metal, and the result is given by the following table:—

Quantity of air.	State of platinum tube.	State of experimental tube.
15 inches.	Cold.	Full of particles.
"	Red hot.	Optically empty.
"	Cold.	Full of particles.
"	Red hot.	Optically empty.
"	Cold.	Full of particles.
"	Red hot.	Optically empty.

That is to say, when the air was passed cold into the experimental tube, the floating particles were not destroyed, and passed along with the air; but when the particles were consumed by the hot platinum, the experimental tube was "optically empty," there being no floating dust in it for the beam of light to illuminate.

The following table gives the results of experiments in which the air was allowed

to pass into the experimental tube under various conditions of speed and temperature:—

Quantity of air.	State of platinum tube.	State of experimental tube.
15 inches, slow.	Cold.	Full of particles.
" "	Red hot.	Optically empty.
" quick.	Red hot.	A blue cloud.
" "	Intensely hot.	A fine blue cloud.

The cloud which appeared in the experimental tube when the air was passed quickly through the platinum was the smoke of the particles burned in the furnace. He had failed in his attempts to burn the particles in the open air by intense heat, but a flame of a spirit lamp held immediately under the electric beam gave a result which caused him the most intense astonishment. In common with every chemist he had hitherto considered the flame of a spirit lamp to be entirely smokeless. What, then, was his surprise to find that, on holding the flame under the beam, volumes of intensely black "smoke" were given off, blacker than he had ever seen issue from the funnel of a steamer! He tried several other flames; he burned spirit of wine on cotton wool; he tried the flame of a Bunsen's burner with a tall chimney, but always with the same result. Wreaths of the blackest "smoke" ascended through the beam of light, showing themselves in the distinctest manner. The question then arose—Could this blackness be smoke at all? Could no other cause be assigned to explain the phenomenon? To settle this question, he tried the flame of pure hydrogen gas, in which it was impossible that carbon could be to make real smoke. But, on this being held beneath the electric beam, the same black wreaths ascended. A mass of red-hot iron gave the same result. What, then, was this darkness which was shown to exist in cases where smoke was impossible? It was simply the darkness of stellar space—the darkness caused by the absence of organic dust, showing that pure air is dark by virtue of its own intense transparency. Nothing could demonstrate more clearly the invisibility of the medium which renders all things visible. The flame held under the beam destroys the floating particles, and a stream of pure air ascends across the horizontal beam, which, jostling aside the dust-laden air, causes a black band of pure transparent air free from illuminated dust (in appearance exactly like smoke) to take its place across the beam. But it was also discovered that it was not necessary to consume the dust in order to produce pure air. It was found that a sphere of heated copper held beneath the

beam of light produced the same "smoky" appearance, and that, too, even after the temperature of the copper had fallen below that of boiling water. Upon this it was suggested that a sphere of boiling water would produce the same result, and this was found to be the case, although in a less degree. The reason of this is simple; the heated body quickly heats the air immediately surrounding it, but not the particles; the pure hot air ascends and makes its dark track across the beam, but the particles are left behind.

The learned Professor then showed that any gas, providing it was free from these floating particles of dust, would produce the same dark mark across the beam of light. He took a common glass shade, and placed it with its mouth downwards so that the beam should pass right through it from side to side. The shade being full of the air of the room, the light was of course visible all the way through it. He then introduced into the upper part of the shade, above the beam of light, a tube connected with a reservoir of hydrogen gas. The hydrogen soon filled the upper part of the shade, and, occupying more and more space as its volume increased, it speedily filled the greater part of the shade, the beam of light in the shade fading from the sight of the spectators as the hydrogen occupied the space traversed by it. The shade being removed, the beam of light appeared instantaneously in its place, but on the hydrogen being allowed to escape, a darkness as of a cloud of smoke passed across the beam, which immediately after its passage resumed its usual unbroken aspect. A gentleman present seemed inclined to question the success of this experiment, but the learned Professor partially repeated it, and completely proved his point. Having then observed that any other gas—e.g., common coal gas—would serve equally well for this experiment, he said that, seeing that the air we are constantly breathing is so entirely laden with these particles of organic matter, the wonder is that so small a portion of it is sometimes hurtful to human life. For some time an opinion had prevailed that contagious diseases were spread by a malarial; it was believed that matter in a state of decay entered people's bodies and produced in them conditions of decay like to its own. It was seen that the process of fermentation went on in this way, and that a little leaven leavened the whole lump. Why, then, it was asked, should we not believe that diseases propagate themselves thus? But in 1836 an answer was given to

this question by the discovery of the yeast plant, and fermentation was shown to be a process of life instead of one of decay. In 1837 Schwann discovered that meat highly heated and excluded from air never putrefied. Putrefaction is, then, the result of something derived from the air, which has the power of propagating itself in the body, and must be a living organism such as the dust of the air has been shown to contain. The "germ theory" of the propagation of disease has been slowly gaining ground in the opinions of medical men, and, at a time when it was thought improbable by many of them, the President of this Institution was one of its ablest advocates. These germs floating in the air enter the human frame, and, growing there, produce various disorders. In this way the Asiatic cholera, from a small beginning in the delta of the Ganges, in seventeen years occupied nearly the whole world. And the action of these germs has its exact counterpart in another part of nature's field; for as an acorn will produce an oak bearing a crop of acorns each capable of reproducing its parent tree, and so a whole forest may spring from a single seedling, so a germ of smallpox lodged in the body will produce a crop of pustules each one capable of reproducing germs like to the original one. Medical men know well how important it is to exclude the air from abscesses when they are being operated on, and instruments are specially constructed for this purpose; yet although the pus extracted on the first operation is sweet, on the second and all other operations it is generally putrescent, and swarming with living organisms called *vibrios*. This is caused by the germs clinging to the trocar, and by it introduced into the abscess, flourishing therein under favorable conditions of temperature and food. The only way to "clean" the canula and trocar of these germs is to heat the instruments as highly as their temper will allow. It was an ascertained fact that the troublesome hay-fever was caused by these same *vibrios*.

Having shown that it is useless to try to blow away the dust from a beam by means of bellows, since the dust from the bellows immediately replaces that blown away, the learned Professor proceeded to experiment on the state of the human breath as it issues from the lungs. His lungs being full of the common air of the room, he breathed through a heated tube so as to cause the breath to ascend through the beam of light, at the same time preventing any cloud of condensed aqueous vapor. At first no extraordinary appearance was visible, but

soon the familiar dark clouds denoting the absence of illuminated dust appeared. He contended that this showed the history of the air in the lungs as clearly as if his skin and breast bone were transparent. The air which entered the lungs at the end of taking breath, being also the first to leave them on expiration, had not had time to deposit its dirt; but the air which entered the lungs first, and left them at the end of the expiration, having deposited its dust at the bottom of the lungs, showed its freedom from floating particles by its smoke-like track across the beam. Again, he filled his lungs with air filtered through cotton wool, and, on expiration, the dark clouds were seen from beginning to end. This proves that a filter of cotton wool will exclude these particles, as might also be seen by filling the nozzle of a common bellows with lightly packed cotton wool, and directing the air across a beam of light. Instinctively acting on this principle, a medical man, on entering an infected atmosphere, places his silk handkerchief over his mouth and nostrils; and, taking this hint, Dr. Bence Jones had tried the above experiment, substituting silk for cotton wool, and had obtained substantially the same result, though in a less perfect degree. In conclusion, the learned Professor recommended the use of a respirator of cotton wool as a means of giving pure air to the lungs to all who are likely to be breathing germ-laden atmospheres; and at the present time, when London was full of scarlatina, he would recommend these respirators as the most efficient protection; and, armed by one of these, he declared his perfect willingness to enter any atmosphere, however infected it might be by scarlatina or other diseases.—*Ibid.*

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### Bibliographical Notices.

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"*A Treatise on Intra-ocular Tumors, from original Clinical Observations and Anatomical Investigations.*" By H. KNAPP, M.D., late Professor of Ophthalmology, and Surgeon to the Ophthalmic Hospital in Heidelberg. Translated by S. COLE, M.D., of Chicago. New York: William Wood & Co.

As is well known to many in the profession, the author of this book, Dr. Knapp, left his position in Heidelberg and has settled in New York, to practise and teach Ophthalmology. He has an European reputation as an operator which is understood

and recognized by his colleagues in his specialty in this country. This translation by his pupil, Dr. Cole, of his treatise on intraocular tumors, will serve to introduce him to the profession generally as a clinical observer and teacher.

As Dr. Knapp says, "the ties which indissolubly bind ophthalmology to general medicine and surgery, can scarcely be better demonstrated than by the history of tumors encountered in and about the eye." Hence the interest felt by the general surgeon in the results of careful study of the tumors within the globe or arising from it, and this all the more since on close inspection they are found to be rather limited in variety, notwithstanding the long lists heretofore devoted to ocular tumors.

Dr. Knapp engaged himself for several years in observing and collecting the appropriate cases which presented themselves, and he says:—"Were I to rely on my own observations, ocular tumors would hardly admit of more than two varieties, viz.: *glioma*, originating in the *retina*; and *sarcoma*, proceeding from the *choroid*, and being in part *unpigmented* and in part *melanotic*."

"When of long duration, especially in recidives after extirpation and in metastases, *glioma* may become sarcomatous and perhaps carcinomatous, and primary *sarcoma* may also become carcinomatous."

He gives a detailed report—clinical, macroscopical and microscopical—of his cases, and deduces the above formulae, so to speak, from them. He says:—"In the description of disease there is no other test for correctness than the observation of cases. The truer to nature and the more careful this is, the more distinct will be the picture of the disease, the clearer will be our comprehension of processes of morbid activity, and the more certain and useful our treatment."

After having carefully studied this treatise of Dr. Knapp, we feel compelled to say that the above sentence applies especially to it, for we have not found it surpassed in faithfulness of detail and truthfulness of observation and record. In proof of what he found he gives us seventy carefully executed drawings, made by himself and lithographed in Germany, the first being a chromo-lithograph of the fundus oculi with *glioma*. Those familiar at all with this sort of study know how valuable and important these are; their truthfulness will be recognized in their study.

The main body of the book is made up of the description of *glioma* and *sarcoma*.

He first gives the report of his cases, and then the general description, including diagnosis, prognosis and treatment. In an Appendix he gives notes on other forms of tumor occurring in the eyeball, such as *sarcoma* of the iris, *myo-sarcoma*, *tubercle*, *syphilitic tumors*, *lipoma*, *cysts*, *simple melanoma*, *granuloma*, &c.

Dr. Cole has faithfully translated this treatise into fluent and clear English, the proof has been carefully read—a matter of no small importance where constant references are made to various parts of the seventy figures given—and, not least, the publishers present us the work on clean, white paper, in good, large type.

Here, ordinarily, would end a journal notice of a medical treatise; but I cannot refrain from adding something more, in explanation as it were, to the readers of this JOURNAL, of what such a work as this of Dr. Knapp means. It is the first and only thing in English of the kind. It tells us clearly and precisely what *glioma* and *sarcoma* are, and how and where they originate in the eyeball. We learn some definite rules for diagnosis, prognosis and treatment of these malignant or semi-malignant diseases; and by the method the author has taken of arranging his work we can at once take hold of the practical part when requiring hasty reference and speedy decision. Up to the time of its appearance in German we had almost Virchow alone to fall back upon, and in ophthalmology of course lacked special reference to those cases in which we needed assistance.

In a special journal, *Royal London Ophthalmic Hospital Reports*, cases of "cancer of the eyeball" had been reported by Hulke, Hutchinson, Cowell and others; these I had studied, and agree with Dr. Knapp when he says:—"Most examples of intra-ocular cancer which are mentioned in medical literature, particularly in English, I could comprise without trouble under *glioma* and *sarcoma*, and whenever I was not successful, the description was so deficient that no other explanation could be given."

In proof of this, Mr. Hulke himself says (*Oph. Hosp. Rep.*, vol. iii.):—"I published eleven cases under the title 'Carcinoma of the Eyeball.' Since then Virchow's valuable criticism of several of these, and a better acquaintance with the minute structure of morbid growths, have taught me that I used the title in a wider sense than a strict anatomical definition allows, and that true cancer is less common in the eye than I had thought. I mean cancer character-

ized by an epitheloid type of cell, an organized disposition of the cell masses, and their outbudding into and intercalation amongst the normal tissues as something added to them, and the absence of strictly intercellular substance. The morbid growths I then regarded as medullary cancers I have now little doubt were gliomas—tumors originating, according to Virchow, in the interstitial connective tissue (neuroglia) of the retina."

Even the constantly employed and ever busy doctor begins to feel, at least in our large cities, that there is lately creeping into the medical profession a sort of necessity to know something of what is going on in the scientific studies of his profession, and that the time has perhaps gone by when a tumor, or perhaps the extirpated contents of the orbit, need be simply handed over to the nearest morbid anatomist for his "report," whilst the dust accumulates on the cover of his own student's microscope. To such I would particularly recommend this treatise of Dr. Knapp, as it is so succinct, clear and truthful. The standpoint of its authority I will also explain. For instance, how does it compare with Virchow's ideas? Let me quote from Dr. Knapp's introduction. "That other varieties of tumor (especially carcinoma) may arise in the eye, I am far from denying. Only a few brief remarks of Virchow confirm the existence of true carcinoma in the eyeball. If the theoretical views of this eminent investigator, as well as those of all others, are peculiar and subjected to the change of time, certainly his analyses and descriptions of actual forms of disease have an imperishable worth, for they are perfectly true to nature. Science, as it progresses, will at some future day go beyond the discoveries of Virchow, but will not overthrow his positive results; on the contrary, will employ them as foundation for future developments. Science does not lean for support on one name, but is carried by hundreds."

Following the appearance of Dr. Knapp's book in German, there appeared in Græfe's *Archives of Ophthalmology* the anatomical report of eight cases of glioma of the retina by Dr. J. Hirschberg, which he observed in Græfe's clinic in Berlin. Dr. Leber reported, also, a fine specimen of "Cavernous Sarcoma of the Choroid." But what is of more importance, Prof. Græfe, who had not previously so fully concurred in Dr. Knapp's views, published a summary of his extensive experience on tumors within

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the eyeball. What this experience was, will be best understood when I say that Græfe had in the course of the year one hundred and fifty (150) cases of intra-ocular tumors, two thirds ( $\frac{2}{3}$ ) of which were choroidal sarcoma and one third ( $\frac{1}{3}$ ) retinal glioma. More than a hundred of these eyes were extirpated by Græfe, and their anatomical examination was made by Virchow, Recklinhausen, Klebs, Cohnheim, Leber and Hirschberg. Through the physicians who sent him many of the cases, his own clinical observations, and the researches of the above-mentioned distinguished anatomists, he was able to draw up his conclusions, which, finally, are more nearly the same as Dr. Knapp arrived at than I should have been disposed to believe, since all observations must necessarily differ, had I not carefully studied them in comparison with those of our author. I wish these cotemporary observations of the several anatomists and clinical teachers had also been rendered into English by Dr. Cole and published by Dr. Knapp, either in connection with his book or in some other form, because, as he says, he found there is a general tendency in England, on the continent and here also in the United States, to further study of intra-ocular tumors, since they are there enclosed and shut off from the rest of the organism.

But still I hear some iconoclast saying to such studies and such books, *cur bono*. You must not expect us general practitioners to interest ourselves in or know about pathology. I answer simply, the ophthalmoscope shows us a commencing glioma in the retina, clinical knowledge and experience with the instrument tell us how to diagnosticate the intra-ocular growth from others, and say to us do not delay a moment in enucleating the eyeball; the microscope then confirms our diagnosis, and so far experience tells us the patient's life is saved when the glioma has not gone up through the optic nerve. A parent tells you his infant's pupil sometimes glistens like the cat's. Do not then let the old idea of cancer and death prevent your advising immediate examination or induce your advising against instant enucleation, since life may thereby be saved.

B. J. J.

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DR. PAUL SCHEFFE has obtained a writ of error. A recent suspicion that he was a Prussian forger has been disproven, and he is now awaiting executive clemency.



# Medical and Surgical Journal.

BOSTON: THURSDAY, MARCH 17, 1870.

## NOTES FROM FOREIGN JOURNALS.

*Extraordinary Misrepresentation.*—An article in the *Archives Générales de Médecine* for February, 1870, entitled "On the Physiological Action of Chloroform and Ether considered from a Surgical Point of View," and written by one of the Editors of the *Archives*—Simon Duplay—has the following passage:—

"Chloroform and ether have both been attended by accidents and caused death in surgical practice. The latest statistical researches show (*Soc. des Sc. Méd. de Lyon*, Aout, 1867) that their mortality balance-sheet is about alike. And as, among its other advantages, chloroform acts more quickly, produces more complete insensibility and muscular relaxation, and is more lasting in its effects, the preference which most surgeons accord to it is easily understood."

The only correct thing in this paragraph is the statement that chloroform acts more quickly than ether: though the latter acts rapidly enough for all purposes in civil practice. The declaration that the former produces more complete insensibility and muscular relaxation, and is more lasting in its effects, could only have come from one inexperienced in the use of ether, as the fact is precisely the reverse. And how much European physicians now practically know of sulphuric ether as an anæsthetic may be divined from the fact that out of 3224 patients who during a certain period were anæsthetized at the Eye Department of Guy's Hospital, only three of them inhaled that vapor.

But, the assertion that the *mortality* balance-sheet, as between chloroform and ether, "is about alike," is an unmitigated libel on the latter. Not having seen the paper referred to by M. Duplay, we are at a loss to account for that gentleman's flagrant error, unless his misstatement be attributable to our—satirical at first, then taciturn—controversialist, M. Giralde. The *Gazette Hebdomadaire*—we repeat the shameful story again—reported M. Giralde as saying that

a committee of the Boston Society for Medical Improvement announced four hundred cases of death from sulphuric ether. That number would perhaps be within speaking distance of the mass of published instances of death from chloroform collected three years ago. And it may be that upon this basis the most unjust comparison between the two agents referred to by M. Duplay is founded.

The *Gazette* corrected its report of M. Giralde's misstatement, by reducing the figures from four hundred to forty-one. But, we repeat once more, that in reply to our appeal to that gentleman that truth required him to change the figures further—and to zero—M. G. impudently pointed to the report of the committee, who investigated forty-one cases of alleged death from sulphuric ether, and who declared that the fatal result was not attributable to the ether in any one of them! We challenge M. Giralde to translate into French the statement of the committee to which he refers and put it by the side of his own declaration as it has now for two years stood before the world.

*Not one death from sulphuric ether has received the general acknowledgment of scientific men.* But numerous deaths have been declared to be attributable to chloroform by some of the most distinguished advocates of the employment of that, their favorite anæsthetic.

Dr. Richardson has recently estimated the proportion of deaths to chloroform administrations as 1 in 1500, or 1 in 2000.

*Cohnheim's alleged Discovery again.*—M. Feltz is another observer who has examined the question of Cohnheim's alleged discovery of the passage of white globules through the capillaries; and the experiments of M. F. do not confirm the theory of the latter.

*Coralline, &c.*—M. P. Guyot arrives at the following conclusions as to the toxic properties of certain products of the carbolic acid group. 1. Carbolic acid in its action on the skin causes symptoms of inflammation. 2. Its action is gentle when the temperature is low, but is more intense at a high temperature. 3. Rosalic acid and coralline, when pure, are not poisonous,

and exert no action on the epidermis; but otherwise they are toxic. 4. Rosalic acid may act upon the skin, by virtue either of sulphuric acid or of carbolic acid contained in it, according to its mode of preparation. 5. Coralline prepared with impure rosalic acid and an excess of ammonia is poisonous when introduced into the animal economy. It then acts by means of the aniline that it contains. It has no action on the skin. 6. Prepared as in the two other cases above mentioned, coralline acts upon the skin by virtue of the carbolic acid it contains. 7. Rosalic acid may be purified by means of benzine.

[Thus would seem to be reconciled by M. Guyot the conclusions arrived at by M. Tardien, who found a poisonous action on the skin to be exerted by coralline, while the experiments of another observer with that agent were negative in their results.]

*Whooping Cough treated by Benzine.*—Dr. Bottari, in *Lo Sperimentale*, says:—1. The inhalation of the gases developed in the process of purifying illuminating gas has a happy effect on whooping cough, provided that disease be free from complications. 2. It is probable that the effect is due to the benzine developed in the distillation from the coal. 3. Benzine may be administered in doses of from 10 to 20 drops a day in mucilage or syrup. It may be employed at the same time as a vapor diffused in the chamber of the patient. If the benzine be used in the first stage of whooping cough it appears to be inert; while the improvement is marked and rapid if the agent be resorted to after the first stage, provided there be no congestion of the respiratory organs.

*Whooping Cough treated by Chloral.*—Dr. A. Ferraud has a paper on this subject in the *Bulletin de Thérapeutique*. Dr. F. had three patients in one family with whooping cough, which he had treated unsuccessfully with various remedies. He then tried chloral, which he gave in syrup, in the proportion of 2 grammes to 150. In each spoonful of the mixture there were 25 centigrammes of chloral. The first three days two spoonfuls were prescribed for each evening, were not regularly given, and only the tolerance of the medicine was estab-

lished. Then three spoonfuls were prescribed and were regularly given. Now there was an abrupt and favorable change. Instead of three or four attacks of coughing, with vomiting, in the course of each night, there was unbroken and refreshing sleep. In the morning, on awaking, there was an attack of the cough for a few days, which soon disappeared. Recovery was rapid.

*Obstinate Hiccough treated with Mustard.*—Dr. Juariz reports the case in the *Siglo Medico*. A Spanish physician was seized during convalescence from gastric fever with obstinate hiccough, which left him no instant of repose. For sixty hours the patient went through the list of antispasmodics, narcotics and revulsives, including ipecac. At the end of that time the patient asked his wife for a preparation of farina. By mistake, an infusion of common mustard was brought him. He swallowed a cupful at one gulp, and was surprised to find his hiccough disappear definitively. The Doctor tried the remedy on his patients, and succeeded in cases resisting other remedies. His usual dose was a tablespoonful infused in four ounces of boiling water. The reporter in the *Siglo* also met with like success in the use of the mustard infusion in three cases of hiccough of several days' standing.

[In these days of skepticism as to the powers of drugs, it would perhaps be an act of temerity to say that mustard would cause vomiting; but we may remark that the ingestion of a tablespoonful of it would be likely to be followed by emesis. If that emesis should be sudden and violent, the hiccough would not be hindered from departing thereby.]

*Carbolic Acid in Intermittent Fever.*—It was stated by M. Calvert at the *Académie des Sciences* of Paris, in January, 1869, that MM. Barrant and Jessier had met with great success at the Mauritius in the treatment of intermittent fever, by means of carbolic acid administered by the mouth or by subcutaneous injection. The *Archives Médicales belges* reports the experiments of M. Decaene at the military hospital of Antwerp to test the efficacy of the remedy. The results of those experiments were completely negative: and the conclusion of the

observer was that carbolic acid was without efficacy in intermittent fever.

*Preventive Treatment of Abortion when Uterine Congestion threatens to cause the Accident.*—Dr. de Beaufort contributes a paper on this subject to the *Bulletin de Thérapeutique*. After saying that venesection is a prompt and serviceable remedy in some cases of emergency, he objects to it as not susceptible of frequent repetition. He then proceeds to speak of the use of bromide of potassium as a resource in threatened abortion, the uterus being congested. In the nervous or lymphatico-nervous female, he says, the bromide of potassium exerts its whole power, and we were led to employ it in such subjects by the following considerations—its marked harmlessness in pregnancy, its favorable influence upon certain nervous symptoms, in a word its well-known physiological effects. The salt excites the vaso-motor system, calms the excitement of the sensitive nerves, and paralyzes much of reflex action.

Dr. Beaufort gave bromide of potassium to five pregnant women, who had had no less than two previous abortions or premature deliveries. In four of them pregnancy went to the full term, and in the fifth, abortion seemed to be delayed. The drug was given each month for eight days before and eight days after the date corresponding to the presumed epoch of the menses. Under its use the threatening symptoms rapidly subsided.

In the *Journal of Materia Medica*, published at New Lebanon, N. Y., for January, 1870, Dr. James T. Newman, of Chicago, describes three cases of "Neuralgia of the Ovaries," which he treated successfully with the following prescription. Dose, teaspoonful thrice daily.

R. Ammonia muriatis, 3ij;  
Tr. aconiti, 3ij;  
Syr. aurant. cort., 3viii.  
Misce. Fiat mistura.

He states that he was first led to use the remedies from reading an article in *Braithwaite*, part lviii. p. 251. The original article is by Dr. J. Waring-Curran, and directs that the following be used:—"An eight-ounce mixture containing two drachms of

the muriate of ammonia, with five-drop doses of tincture of aconite." As Dr. Waring-Curran's prescription calls for five drops of the tincture of aconite, and that of Dr. Newman's for thirty drops at a dose, so great a discrepancy can only be accounted for by a typographical error, but none the less important to the patient should the prescription be used without calculating the dose. B.

#### A WELL-VENTILATED SCHOOL-HOUSE.—

*Mr. Editor*,—Allow me through your pages to call the attention of our profession, and of all interested in the general subject, to the fact that the city of Salem has just completed a school-house for five hundred pupils which is well ventilated. The plan adopted to secure this result is that which has been of late years so strongly advocated by Gen. Morin, the head of the "Conservatoire des Arts et Metiers," in Paris.

It is the system of suction by a heated shaft, and is very similar to that which is now successfully used in one of the buildings of the Insane Asylum at Somerville.

In the Salem school-house the shaft for extracting the air from all the rooms of the building is seventy feet high and five feet in diameter, and is warmed by the smoke pipe from the heating apparatus passing through its middle. In the summer it will be warmed by a stove of moderate dimensions. The vitiated air of the room is conducted to the base of this shaft. The sizes of the ventiducts, and of the registers which control their operation, have been carefully calculated from the directions of Gen. Morin, so as to ensure as far as possible an equal ventilation to each of the ten rooms of the building. There has been no hap-hazard, no guess-work, but in every detail the strict scientific requirements have been fulfilled. Theoretically, a certain number of cubic feet of air should be drawn from each room, and discharged through the vertical shaft in a given time, and the measurements of air currents in all parts of the building which were made by the writer, a few days since, with an anemometer, are in singular correspondence with this design.

Certain advantages of this plan of ventilation are very obvious.

1st, The pulling-power upon the air of the building is exerted in all weathers.

2d, It is simple—there is no machinery to get out of order. So long as the great vertical shaft is moderately warmed (36° Fahrenheit above the outer air) it is in working order.

3d, The power of extraction is in excess of the demand—there is enough of it, and to spare. The amount used is at the discretion of those who occupy the rooms.

The building is warmed by air drawn from without and passed over coils of steam pipe in the basement, and this is so managed that while the temperature is under the control of the teachers at all times, the flow of fresh air into the rooms cannot be cut off.

Truly yours,

GEORGE DERRY, M.D.  
Sec'y of State Board of Health.

MR. EDITOR.—In your Journal of the 24th ult., page 135, there is a case reported of "Diphtheria followed by Paralysis (Asthénia) and death," in which the reporter says, "At 6, P. M., in consultation with Drs. Newhall and Williams, I gave her a subcutaneous injection of about three-fourths of a grain of morphia. In about 15 minutes the patient fell asleep and was found to be dead at 4 o'clock the following morning. Circumstances make it probable that she died as early as 10½ o'clock the previous evening, but although she was never left alone she expired so quietly that no one was aware of her death."

Now as a matter of professional interest allow me to inquire if about three-fourths of a grain—which may be a little more or a little less—is a safe quantity of morphia to be given as a subcutaneous injection?

Admitting that the quantity was precisely three-fourths of a grain, is it certain that it would not have caused death in about the length of time the patient was supposed to have lived after its administration? The writer is by no means disposed to doubt that the patient would have died of her disease, sooner or later, or, that she expired far more quietly than she would have done had the morphia not been administered. There can be no question as to the propriety of administering morphia by subcutaneous injection under the circumstances related, but there certainly is a question as to the safety of giving three-fourths of a grain of morphia to a patient unaccustomed to its use, either by subcutaneous injection or by the stomach.

The lowest estimate of the strength of a grain of morphia is, that it is equivalent to six grains of opium. Taking this as the standard, three-fourths of a grain would be equivalent to four and a half grains of opium; surely a large dose for a female who had not used it habitually.

But this does not represent the case in

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its true light. It is an under estimate of the strength of morphia, and as by subcutaneous injection its effect is greater as well as more prompt, three-fourths of a grain administered in this manner would be nearly, or quite, equivalent to giving six grains of opium by the stomach.

Being well assured that many lives have been sacrificed by an inconsiderate use of morphia and other preparations of opium, and that the doses directed by some standard authors are larger than can safely be given, without regard to conditions of which the inexperienced cannot be presumed to be judges, the writer is induced to bring this subject before the medical public with the view of arriving more definitely at what doses are, and what are not safe, and as a caution to those who not having had experience themselves are necessarily governed in their practice by the experience of their seniors.

GEO. CAPRON, M.D.

Providence, R. I., March 2, 1870.

We have received a pamphlet of eight pages, being a review of Dr. Ruppner's case of laryngo-tracheotomy, by Lewis A. Sayre, M.D. According to Dr. Sayre's evidence, the operation in this case of laryngo-tracheotomy was not done by Dr. Ruppner, but by Dr. Sayre; and also the case was "most inaccurately reported." We make extracts:—

"285 FIFTH AVENUE, Feb. 10, 1870.

"To the Editor of the N. Y. Med. Journal.

"DEAR SIR: In the January number of your valuable journal, is an article headed 'Contributions to Practical Laryngoscopy. Four Cases of Morbid Growths within the Larynx. Reported by A. Ruppner, M.D., Physician to the New York Dispensary for Diseases of the Throat and Chest.'

"One of the above cases is most inaccurately reported, and, as it is a case in which I have a personal interest, it becomes my duty to give it a passing notice, in order to correct the doctor's errors.

"The case is that of Captain Bigelow, of New Braintree, Mass. Dr. R. requested me to see Captain B., in consultation with him, some time in June or July, 1869. He had a tumor in the larynx, which the doctor has very accurately described, and which he was trying to remove by local application of various escharotics. On hearing the history of the case, and becoming satisfied that the tumor was increasing more rapidly than escharotics could destroy it, I advised its immediate removal by external incision,

if he (Dr. R.) was satisfied that it was not malignant.

"Dr. Ruppner assured me that he had repeatedly examined, by the microscope, pieces that he had pulled off with the forceps, and could find no trace of cancer, and, although it bled very freely, he could find no evidence of the tumor being malignant. In his published statement he says: 'Pieces the size of a pin's-head were removed with the forceps,' etc. \* \* \* 'Examined under the microscope, these lobules were found to consist of cancer-cells, varying in type,' etc. I leave it to the doctor to explain this discrepancy between his statement to me, in the presence of Captain Bigelow, and in his published report." \* \* \*

"I heard nothing more of this case until the 15th of August, about eleven o'clock at night, when I received, at Long Branch, the following telegram: 'The Captain is dying. Come immediately; he must be operated on at once. A. RUPPNER.'" \* \* \*

"We found the captain in his quarters over Goupil's picture-gallery.

"He was lying half-recumbent on a sofa, fanned by an assistant; was quite purple in the face and fingers, and evidently in great danger of suffocation.

"I suggested that there was no time to lose, when the doctor asked some of the gentlemen present to arrange the table for the operation, and to administer the chloroform, and asked me into an adjoining room to look at the various instruments arranged for the operation. There was a very large assortment of instruments on the two tables in the room, but I had no time to inspect them, as, looking back through the door and seeing the man in a dangerous condition, I suggested to the doctor that he had better hurry, or the man would die before he could finish the operation. *He then for the first time requested me to perform the operation*, stating that he was tired and nervous from want of sleep, having watched all night with the captain.

"I remarked that this was rather short notice for an operation of such magnitude, and that I preferred my own instruments and assistants. He replied in a hurried manner, 'Every thing is all right. I have every instrument all prepared, and Dr. Zolknowski was a pupil of Türk and Tröltzsch, etc., and is the best assistant you could have.' While we were talking, some one came to the door saying, 'Hurry, doctor! the captain is dying.' Of course, there was no time for further discussion,

and I immediately took the scalpel and performed the operation."

[Owing, as we are told, to proper tenacula not being at hand, the patient inhaled blood, and apparently expired, being with difficulty resuscitated.]

"Dr. Ruppner, in his published account, says, page 349: 'No untoward event happened when the incision was made and the tube inserted.' The doctor may possibly think that death by inhalation of blood is not an 'untoward event,' but I am certain that no gentleman who saw the operation will agree with him." \* \* \*

[Copy.] "FIFTH AVENUE HOTEL,  
Dec. 31, 1869."

"MY DEAR DOCTOR: When I wrote the report of my case I had not the remotest intention to claim for myself any credit in my case that rightly belongs to you. If there is any doubt as to who performed the operation, I will clear up that doubt in a supplementary note to the JOURNAL, as well as in reference to the hæmorrhage, which latter fact I acknowledge I overlooked in my report.

"Very respectfully,

"Your friend and servant,

"A. RUPPNER, M.D.

"Dr. L. A. SAYRE, Fifth Avenue."

"As the February number of the JOURNAL is out, without the promised explanation, I have, in compliance with the wishes of many friends, and in obedience to the duty I owe to the profession, made these facts public.

"The sentence in the doctor's letter, 'If there is any doubt as to who performed the operation, etc.,' refers to his ambiguous mode of expression, which is probably owing to his want of knowledge of the language. Of course, there can be no doubt, in the minds of those present, as to who performed the operation, but I will quote the doctor's description, and the reader will then see that he is correct in thinking that his description is liable to deceive. On page 348 he says: 'August 16th, operation for laryngo-tracheotomy. My friend Dr. L. A. Sayre, who had seen, at my request, the patient at a former consultation, consented to divide with me the responsibility, and to aid me with his skill and experience in performing the operation.' Further comment on this part of the report is unnecessary.

"In the last part of the report, he says: 'Nothing has been elicited from the captain since the above date, till a short time since,



*I came in possession of a statement of his case' (the italics are mine).*

"This statement is copied from a letter from Captain Bigelow to me, and which is still in my possession.

"This letter I did not like to give to the doctor, as it contained some statements not very flattering to his veracity, and I did not like to hurt his feelings. In fact, the captain charges him with having deceived him by telling him that 'it was the most difficult and dangerous operation he (Ruppaner) ever performed in his life.' And the captain, having learned from Dr. Swan and Mr. Hobart that Dr. Ruppaner had not performed the operation, felt indignant at the deception."

We take the following extracts from the paper of Dr. Sankey, "on fractures of the ribs occurring in the insane." It is the paper referred to in the editorial article copied into this Journal in another place, from the same number of the London *Medical Times and Gazette* which contains Dr. Sankey's monograph. The paper is called forth by a letter written to the *Pall Mall Gazette*, by the prince of sensational fiction, Mr. Charles Reade. That letter has been copied on this side of the water. The propensity of that powerful writer to make his readers' hair stand on end like the "quills upon the fretful porcupine," has led him to make the degraded *hero* of one of his stories, in a drunken fit, commit a *quasi adultery* with that imaginary personage's own much abused wife; and in a kindred spirit to portray in the carnal tints of a Rubens the buxom charms of a mad-house matron, who falls in love with an inmate of her establishment incarcerated there, on a false charge of insanity, persecutes him for not returning her passion, and finally transfers her affections to a wealthy imbecile whose liberation she secures in order that she may marry him.

"It has been suggested by some that the injury was caused, therefore, by an assailant's knee. The bent knees, 'big bluntish bones, and clothed, can, it is suggested, be employed with terrible force, and yet leave no mark,' though the writer of these words exonerates the Doctors, asserting that they have been duped by the attendants; yet we cannot admit any such assertion to go for proof without a little more

examination. I think, from anatomical reasons alone, that the knee thus protected would not fracture nine ribs; the knee itself could not cause pressure on more than two or, at the outside, three ribs. To fracture nine ribs, the opposing force would have to be ten or eleven inches in length; and since, in some cases, ribs on both sides of the body have been found broken, it follows that the force applied must have been a very wide body, or it must have been applied to the sternum, in which case it would have to be of immense force or weight to overcome all the elasticity of the cartilages in ordinary individuals. This force could not, I think, be exerted by the pressure of a knee of one man. \* \* \* \* \*

"There are other equally forcible reasons why the hypothesis of wilful concerted injury is untenable. For example, it is admitted that evidence of the fractures, and how and when they occurred, has always been most difficult to obtain. The best evidence at all on the point is said to have been derived from insane persons in the wards. We here, I think, will admit that in some cases such evidence would be entirely reliable; but the evidence given has not been positive, as far as I can discover, nor in any case gone to show such an amount of force as would fracture the ribs of a healthy person: if the scuffles which these patients have witnessed and mentioned in their evidence have been the occasion when the injury actually occurred, which has never yet satisfied any jury, then there must be something peculiar in the patient's state, which does away with the theory of wilful injury, and also for the necessity of secrecy.

"Again, these wilful injuries could only be concealed by a complete understanding between all the *employés* of the asylum; and not only between these, but among persons outside of the asylum. Whereas the evidence of the writer in the *Pall-mall Gazette* shows how two workmen at Hanwell saw an attendant (Jones) ill-treat a patient, and reported the fact at once. Of course the hiring of such a brute as Jones must occasionally happen; but the magistrates—who are answerable alone for the selection of the attendants at Hanwell—surely could not select none but such men—men only actuated by sheer malice. It is curious, too, with respect to this very case, in which the ill-treatment was actually witnessed, and in which the attendant was seen to strike the patient with a shovel, and walk over his body, stepping on his belly and chest, that no fracture of the ribs

occurred, but that there were external bruises.

"There is still another point which may be mentioned, though this would scarcely seem worthy of repetition. The writer in the *Pall-mall Gazette*, Mr. Reade, appears to believe that the injuries are inflicted by the attendants with sufficient cunning to dupe the Doctors. These attendants must, therefore, be a singular mixture of cunning and obtuseness, for they must all know that the injuries they inflict must come to light, as the Doctors invariably make a post-mortem examination of the body; and all these cases have been brought forward by the medical officers.

"From these considerations I am of opinion that the force which causes these extensive fractures of the ribs is something of more sudden character than pressure, and something more extended than a knee or fist—the rapidity of the force appears to me to be essential—such accident as a violent fall or sudden blow, or injury by the contact of the sternum against a wide surface. But even such violence must be very great of its kind to produce so much injury in a healthy individual: the fall would have to be from a great height, or the pressure against the sternum of many hundred pounds in weight."

**THE LOCAL TREATMENT OF CROUP.** (By ADOLPH WEBER.)—A knowledge of the power possessed by lactic acid to dissolve fibrinous exudations induced the author to try it in cases of croup. At first he used it only after the operation of tracheotomy, partly with a view to keep the tracheotomy tubes clean, and partly hoping that the lactic acid might affect the membranes which extended downwards into the bronchi. The results were so favorable in both respects that he proceeded to try it in severe cases of croup before having recourse to tracheotomy. Since then he has not once had occasion to operate, and has not lost a single case of croup. In some very severe cases in which inspiration and expiration were equally obstructed, and the condition of the fauces indicated an abundant fibrinous exudation in the trachea, the difficulty of breathing was completely relieved within seven to ten hours of using this remedy, and two or three days after no trace of the local affection remained.

During the treatment there was not, as is generally the case, an expectoration of tough membranous sputa, but gradually the whistling barking inspiration and expiration were

replaced by distinct rattling noises; the voice, before quite suppressed, began to assume a hoarse timbre, and considerable quantities of loose white frothy phlegm were expectorated during the fits of coughing, until at last the struggle for breath quite ceased, and the disease assumed more the character of a catarrhal affection of the throat.

The treatment consists in the local application of the remedy to the windpipe by means of inhalation. The patient is made to inhale a solution of lactic acid (15 to 20 drops in half an ounce of water) at first every half-hour, and afterwards, when the respiration improves, every hour or every two hours a solution of 10 to 15 drops in half an ounce of water.

The inhalation is discontinued as soon as the dyspnea has subsided, and to promote expectoration camomile-tea is exhibited.

In using the inhalation care must be taken that the vapor does not affect the eyes or face.

With this treatment was conjoined the internal exhibition of carbonate of soda every half-hour or every hour, which was thought to exert a beneficial effect upon the exudation.—*London Med. Times & Gaz.*

**ALMOST COMPLETE OSSIFICATION OF THE HUMAN BODY.** By WM. M. BYERS, M.D., Columbus, Colorado county, Texas.

B., a youth of 17, came under my notice first about four years ago with extensive ossification of the muscular system, which continued to progress till his death, which occurred a short time since. The early history of his case, as given by his family, is as follows:

He was a healthy, stout child at the age of eight months, at which time his parents removed to Texas by land. During their continuance on the road and camping out, they first discovered tumors about in different parts of his body, the size of small marbles, and very hard. These tumors gave apparently but little pain, and in no way affected the general health. After an interval of twelve or eighteen months the tumors began to disappear by absorption, and about the same time stiffness of the joints was manifested. Gradual ankylosis followed, and at the age of ten years the hip joints with those of the arms were completely ankylosed. The ossific matter began then to be deposited in the muscular system. The chest became enclosed with a complete sheet of bone, leaving no traces of outline of the ribs. The head was im-

movably fixed by the ossification of the sterno-cleido mastoidens on each side. The muscles of mastication were as yet unaffected, and his ability to chew his food not impaired. His digestion was good, and his mental faculties more than ordinary. He could as yet use his wrists and hands, his arms being stiffened at right angles, thus allowing him to whittle a little with a pen-knife. When placed upon his feet he could move slowly and cautiously over a smooth surface, but if he got a fall, was unable to arise unassisted. Movement, however, as the anchylosis progressed, became more and more difficult and totally impossible at a later period. He did not increase in stature after his tenth year, and never manifested any signs of virility. The forms of the muscles were perfectly preserved and could be distinctly felt through the skin, which adhered closely to them. The deposition of ossific matter continued during his life, and, when he died, he was almost complete bone. Up to the hour of his death his mind continued clear and unimpaired, and his digestion, until a short time previous, was excellent. He suffered no pain, and was cheerful and apparently happy.—*New Orleans Journal of Medicine.*

**MORTALITY OF PROVIDENCE, R. I. SCARLATINA.**—Whole number of deaths during the month of February, 1870, 100—males 51, females, 49. \* \* \* \* \*

Scarlatina will probably increase during the present month, and will afterwards decline as warm weather approaches. Some English writers contend (and their ideas are repeated in this country), that scarlatina is a highly contagious disease, and we are treated with special and minute directions for the disinfection of rooms where the disease has been present, and are urged to give particular care to the disinfection of the clothing and excreta of scarlatina patients. It would be supposed from the directions given that scarlatina is, if possible, more contagious than smallpox. It seems to me that all such teachings in relation to scarlatina are not only erroneous, but are calculated to do very great harm in the community by exciting unnecessary fears, and making unnecessary and utterly useless trouble. In my opinion, scarlatina is not, in any correct sense, a contagious disease; nor is it even infectious in so great a degree as typhoid fever. It is true that our positive knowledge of the causes of scarlatina is limited. A dozen years since,

one of my reports contained the following:—"Less is known in relation to the causes of scarlatina than in relation to those of almost any other disease, and it seems thus far to baffle all sanitary investigation and bid defiance to all sanitary precautions. Unlike most other epidemics, it visits equally the city and the country; the solitary farm-house and the thriving village; the hill and the valley; and often exhibits its most terrific power where, judging from the known laws of epidemics, it would be least expected. It knows no distinction of classes, but destroys alike the children of native and of foreign parentage; and carries desolation as often to the homes of the rich as of the poor. It sometimes seems to arise from contagion; but again it often appears where contagion is impossible."

This was written in 1858. Since that time I have recorded the deaths of several hundred children from scarlatina, with all the particulars of age, sex, parentage, locality, &c., and have carefully studied the facts from year to year, and yet what I have learned of the causes of the disease has been little more than confirmatory of the sentiments then expressed. I think now that it is certain that scarlatina not unfrequently appears when there is no possibility of contagion; that it frequently appears where there is no probability of contagion; and that it very often fails to appear where there is the greatest exposure to contagion, if it exists. In a word, it is certain that all efforts to prevent the disease by seclusion or quarantine have utterly failed.

In Providence we can go still further, and I think we can prove positively that the good ventilation, the greatest cleanliness, perfect freedom from all offensive odors, and every convenience and luxury that wealth can procure, have not the slightest influence in preventing the disease. On the contrary, we can show that scarlatina in this city, during the last fifteen years, has been fully as severe and fatal among those who live in comfort and affluence, as among the poor and among those who live in poorly ventilated and filthy tenements.

Cleanliness and ventilation are of the utmost importance, and should never be neglected in any sick room. The comfort, and often the life of the patient depend upon them, but they will not prevent the spread of scarlatina.

EDWIN M. SNOW, M.D.  
Supt. of Health and City Registrar.

AMERICAN MEDICAL ASSOCIATION. — The Twenty-first Annual Session will be held in Washington, D. C., May 3, 1870, at 11 A. M.

The following Committees are expected to report:—On Cultivation of the Cinchona Tree, Dr. Lemuel J. Deal, Pennsylvania, Chairman; on the Cryptogamic Origin of Disease with special reference to recent microscopic investigations on that subject, Dr. Edward Curtis, U.S.A., Chairman; on the Doctrine of Force, Physical and Vital, Dr. John Waters, Missouri, Chairman; on Variola, Dr. Joseph Jones, Louisiana, Chairman; on the Relative Advantages of Syme's and Pirogoff's mode of Amputating at the Ankle, Dr. G. A. Otis, U.S.A., Chairman; on a National Medical School, Dr. F. G. Smith, Pennsylvania, Chairman; on Commissioners to aid in Trials involving Scientific Testimony, Dr. John Ordronaux, N. Y., Chairman.

On the Climatology and Epidemics of—Maine, Dr. J. C. Weston; New Hampshire, Dr. A. P. Stackpole; Vermont, Dr. Henry Janes; Massachusetts, Dr. H. I. Bowditch; Rhode Island, Dr. C. W. Parsons; Connecticut, Dr. E. K. Hunt; New York, Dr. W. F. Thoms; New Jersey, Dr. Ezra M. Hunt; Pennsylvania, Dr. D. F. Condie; Maryland, Dr. O. S. Mahon; Georgia, Dr. Juriah Harriss; Missouri, Dr. Geo. Engleman; Alabama, Dr. R. F. Michel; Texas, Dr. T. J. Heard; Illinois, Dr. R. C. Hamil; Indiana, Dr. J. F. Hibberd; District of Columbia, Dr. T. Antisell; Iowa, Dr. J. C. Hughes; Michigan, Dr. Abm. Sager; Ohio, Dr. T. L. Neal; California, Dr. F. W. Hatch; Tennessee, Dr. B. W. Avent; West Virginia, Dr. E. A. Hildreth; Minnesota, Dr. Samuel Willey; Virginia, Dr. W. O. Owen; Delaware, Dr. L. B. Bush; Arkansas, Dr. G. W. Lawrence; Mississippi, Dr. W. Compton; Louisiana, Dr. L. T. Pinn; Wisconsin, Dr. J. K. Bartlett; Kentucky, Dr. J. D. Jackson.

On Veterinary Colleges, Dr. Thomas Antisell, D. C., Chairman; on Medical Ethics, Dr. Lewis A. Sayre, N. Y., Chairman; on American Necrology, Dr. C. C. Cox, Maryland, Chairman; to Memorialize State Medical Societies, Dr. N. S. Davis, Illinois, Chairman; on Nomenclature of Diseases, Dr. F. G. Smith, Pennsylvania, Chairman; on Medical Education, Dr. T. G. Richardson, Louisiana, Chairman; on Medical Literature, Dr. J. J. Woodward, U.S.A., Chairman; on Prize Essays, Dr. Grafton Tyler, D. C., Chairman. Voluntary communications will be presented by—Dr. John Curwen, Pennsylvania, on the Proper Treatment of the Insane; Dr. Nathan Allen, Massachusetts,

on the Physiological Laws of Human Increase.

Secretaries of all medical organizations are requested to forward lists of their Delegates as soon as elected, to the Permanent Secretary.

Any respectable physician who may desire to attend, but cannot do so as a delegate, may be made a member by invitation, upon the recommendation of the Committee of Arrangements.

W. B. ATKINSON,  
Permanent Sec'y.

1400 Pine St., Philadelphia.

THE ADHESIVE STRAP BANDAGE AFTER PARTURITION.—W. M. Ryer, M.D. (*Cal. Med. Gazette*), believes that all cloth bandages applied after parturition are movable, and tend to make pressure when least desired; besides, by their thickness, they heat the spine and parts covered.

The method of bandaging he has practised is to take about three-fourths of a yard of adhesive plaster and cut it into strips one and one-half inches wide, and long enough to extend from three or four inches from the spine on one side, over the abdomen, to within three or four inches of the spine on the other side. The heated plaster is drawn from the back of the hips, at the lower part, where the assistant presses the end against the skin tightly over and above the pubes, and around to the corresponding place on the opposite hip. Each strip is thus applied above the other, until we arrive at the umbilicus, in some cases one inch above. As adhesive plasters slip and stretch, they should be drawn tightly, gathering the looseness and folds of integument under the plaster. In a few hours these folds disappear. A second layer is applied over the first, to give it body and firmness, for the abdomen in its lower part requires a strong support. Thus the inferior portion of the abdomen becomes encased by adhesive plaster, whilst the epigastric region is free; and the relief is often so great, when properly applied, that patients who have lain upon the bed one or two weeks, bandaged with cloth, will, upon the application of this casing of plaster, ask permission to sit up or to leave their beds. Generally, at the end of the third or fourth day itching occurs, but it passes away by removing the bandage and washing the parts with warm water, and immediately renewing the bandage by fresh adhesive straps, as at first.—*New York Medical Record*.

**UNIQUE AND REMARKABLE CASE OF EXTRA-UTERINE PREGNATION.**—Dr. Lecluyse gives a remarkable case of this accident. A woman of twenty-eight, with deformed pelvis, was operated on, and delivered by Cæsarean section, August 15, 1866. She again became pregnant and in labor on March 23, 1868. On examination, the fœtus could be felt beneath the abdominal walls; but the pains shortly ceased, and it was determined to postpone the operation of section. In a few days a vaginal discharge of menstrual or bloody character appeared; no motion of the fœtus was felt, and the lower portion of the abdomen formed a kind of sac for the fœtus.

Cæsarean section was now performed with every care, and a seven or eight months fœtus removed, which was well developed, and dead. The placenta was adherent to the intestines. The wound was closed by sutures, save at the lower part, from which the umbilical cord was allowed to depend, as it was not thought possible safely to detach the placenta by reason of its vascularity. On the fifth day the placenta was decomposed, and a part of it removed; the patient died on the tenth day. On examination after death, it was found that the intestines bore no imprint of the placental attachment; but, what was most remarkable and interesting, the uterus, about the size of a goose egg, was found in the right iliac fossa held by strong adhesions, and on its anterior aspect, and a little to the left of the mesial line, was the open wound left by the incision made in the former Cæsarean operation. The sides were cicatrized separately, and left a hiatus through which the ovum had escaped, and formed this remarkable and perhaps unique example.—*Medical Press and Circular*.

In an article on Diseases of the Joints connected with Progressive Locomotor Ataxy, by Benjamin Ball, Professeur-Agrégé at the Paris Faculty of Medicine, occurs this passage:—

"The researches of modern histologists, and especially of Valentiner, Luys, Lockhart Clarke, and Charcot, tend to connect progressive muscular atrophy with the destruction of the nerve cells which occupy the anterior cornua of the grey substance. Should further researches enable us to establish a constant connection between these two lesions, it will then be demonstrated that the nutrient centre of the muscular system resides in a given point of the spinal

axis. But that which may be proved true according to this hypothesis, as regards the muscular system, may perhaps hold good, in an equal degree, in reference to the articulations, the health of which, in a great measure, depends on the integrity of the nervous centres."—*Med. Times & Gaz.*

**MALIGNANT PUSTULE OF SCROTUM.**—A young man had the entire scrotum involved by malignant pustule. The anterior portion was almost entirely eaten away. By the continued application of powdered charcoal, with hydrochloric acid, pure, the march of the gangrene has been arrested as if by magic; both testicles were exposed to view; now, new matter is forming around them. Another man in the same ward exposed himself, and has the same affection, having left his own bed and gone into the one occupied by the patient first mentioned. A small pustule formed, spreading rapidly, and the glands became plainly exposed to view. This man is recovering rapidly by the same external treatment—no internal remedies being used in either case.—*Baltimore Medical Bulletin*.

**PROPOSED IMPROVEMENT IN THE TREPHINE.**—Dr. A. F. Magruder, of Sharon, Miss., ends a clinical report in the Richmond and Louisville Medical Journal, with the following admirable suggestion:

"In conclusion, I would suggest to the profession an improvement in the circular trephine. It consists in a circular blade, which should be made to embrace closely the barrel of the trephine and be so arranged with a temper screw as to slide up or down, at pleasure. With this, I propose, after dividing and turning back the flaps more nicely and accurately, to divide the pericranium around the trephine, without the use of the scalpel."—*N. Orleans Med. J.*

#### DEATHS FROM CHLOROFORM.

**Death from Chloroform.**—A lady died in New York, last December, from the inhalation of chloroform. The jury found that her death was caused by inhaling chloroform to relieve headache. People cannot be too earnestly cautioned against the use of this dangerous drug unless under professional direction and administration; even then deaths are of not unfrequent occurrence in hospital practice.—*Philad. Medical and Surg. Journal*, March 5th.



## Medical Miscellany.

**CHLOROFORM AGAIN.** THE QUESTION ANSWERED BY THE FOREMAN OF THE JURY. *Mr. Editor*.—On examining the evidence in such cases as are alluded to by "Another Innominatus," in the JOURNAL of March 10th (but without indicating that case), we think that, as a rule, RUM DID IT.

**A PARADOX.**—The disputants agree that a certain tissue is chiefly involved in dislocation of the hip: and yet that tissue is precisely what they differ about. What is it? Why (Y) ligament!

In the evening of Wednesday, March 9th, the day of the Commencement Exercises at the Harvard Medical College, a levee was held at the house of Prof. N. C. Keep, No. 74 Boylston St. His Excellency Gov. Claflin, Hon. Harvey Jewell, President Eliot, and other distinguished gentlemen were present, besides the Faculty of the College and members of the graduating class.

The *Chicago Tribune* last summer gave an account of "A new Surgical Operation" as "The Recent Achievement of Dr. G. D. Beebe."—"The Removal of nearly Five Feet of Human Intestine." "How it was Done."

These were the headings of a long article on the subject. We are informed that the patient died four days after the operation. Whether the heart was or was not "flabby or fatty," we have not heard.

**POISONING BY CHLORINE GAS AT DUBLIN.**—Last week a sailor lost his life by inhaling chlorine gas. He slept in the fore-castle of a small schooner which had taken in a cargo of salt cake and chloride of lime. Either owing to the salt cake having been shipped whilst too highly heated (a common practice), or from the chloride of lime having become damp, two barrels of the latter decomposed during the night and filled the vessel with chlorine gas. Dr. Cameron deposed at the inquest that the cause of death was the inhalation of chlorine gas, which had produced a spasm of the glottis, and thereby induced apnea. The lips, tongue and gums of the deceased were bleached, the pulmonary organs were congested, the trachea inflamed, and chlorine gas was detected in the brain. No case of death from inhalation of chlorine is recorded in Taylor's "Medical Jurisprudence."—*Dublin Medical Press and Circular*, February 2.

**DEATH FROM QUACK MEDICINE.**—The Liverpool Coroner held an inquest on Tuesday, Feb. 8, on the body of a man named McDowell, 20 years of age. He had for some time been afflicted with an affection of the skin, and had obtained a French specific, which was intended to be mixed with water, and used in a bath. Instead of thus using it, he rubbed it on his body just as he received it from the chemist. The poison it contained was rapidly absorbed into the system, mortification followed inflammation, and death resulted. It was proved at the inquest on the body of the deceased that the preparation used was a strong so-

lution of perchloride of mercury. In addition to the symptoms on the skin, the deceased suffered from violent cramp of the stomach and legs.—*London Medical Times and Gazette*.

**SYRUP OF HYDRATE OF CHLORAL.**—The hydrate of chloral is coming largely into use as a soothing medicine, and any preparation which tends to render it more easily taken will be welcome. Messrs. Ferris, Union Street, Bristol, have succeeded in preparing a tolerably palatable and easily dosed syrup, which will save much trouble in dispensing. We have administered it in a case of obstinate irritable cough during pregnancy, and in another of sleeplessness from general malaise and mental anxiety, and have found it agree perfectly, and produce the desired result in both cases. We may add that the syrup contains ten grains of pure chloral to the drachm, and that the price is eight shillings per pound.—*Ibid*.

**PAMPHLETS RECEIVED.**—Review of Dr. Rappan's Case of Laryngo-Tracheotomy. By Lewis A. Sayre, M.D., New York. Pp. 8.—Twelfth Annual Report of the Chicago Charitable Eye and Ear Infirmary, presented to the Board of Surgeons, for the year 1889. Pp. 8.—Intermarriages of Kindred: Consanguineous Marriages not forbidden by Moral or Physiological Law, &c. Annual Address delivered before the Eclectic Medical Society of the State of New York, by Alexander Wilder, M.D., President of the Society. Pp. 32.

**Deaths in fifteen Cities and Towns of Massachusetts for the week ending Feb. 26, 1870.**

Cities and towns.	Number of deaths in each place.	PREVALENT DISEASES.		Scar. Pev.
		Consumption.	Influenza.	
Boston . . . .	114	18	12	5
Charlestown . .	10	4	1	0
Worcester . . .	17	3	4	1
Lowell . . . .	11	4	1	0
Milford . . . .	7	4	0	0
Chelsea . . . .	7	1	1	0
Cambridge . . .	16	1	1	1
Salem . . . . .	9	2	3	1
Lawrence . . . .	9	0	2	0
Springfield . .	8	1	1	0
Lynn . . . . .	9	1	3	0
Fitchburg . . . .	3	0	1	1
Newburyport . .	5	2	1	0
Fall River . . .	11	1	1	0
Haverhill . . . .	3	1	0	1
	229	44	32	10

GEORGE DERRY, M.D.,  
Secretary of State Board of Health.

**DEATHS IN BOSTON** for the week ending March 12, 114. Males, 53.—Females, 61.—Accident, 1.—apoplexy, 3.—asthma, 1.—disease of the bowels, 1.—inflammation of the bowels, 1.—congestion of the brain, 2.—disease of the brain, 4.—inflammation of the brain, 1.—cancer, 1.—cholera infantum, 1.—cholera morbus, 1.—consumption, 18.—convulsions, 3.—debility, 3.—diarrhea, 1.—diphtheria, 2.—dropsy, 2.—dropsy of the brain, 4.—dysentery, 2.—epilepsy, 1.—erysipelas, 1.—scarlet fever, 5.—typhoid fever, 1.—disease of the heart, 3.—intemperance, 1.—disease of the kidneys, 1.—leucocythemia, 1.—congestion of the lungs, 6.—inflammation of the lungs, 12.—marasmus, 4.—measles, 1.—old age, 7.—paralysis, 4.—pelvic cellulitis, 1.—peritonitis, 1.—pleurisy, 1.—premature birth, 2.—puerperal disease, 2.—rheumatism, 1.—smallpox, 1.—disease of the spine, 1.—unknown, 2.—whooping cough, 3.

Under 5 years of age, 46.—between 5 and 20 years, 6.—between 20 and 40 years, 20.—between 40 and 60 years, 20.—above 60 years, 23. Born in the United States, 94.—Ireland, 24.—other places, 6.